

**STATE OF MONTANA  
DEPARTMENT OF INSURANCE**  
840 Helena Avenue, Helena, MT 59601  
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(406) 444-2040 - Fax (406) 444-3497  
e-mail [stateauditor@state.mt.us](mailto:stateauditor@state.mt.us)  
web site - [sao.state.mt.us](http://sao.state.mt.us)

**INSURANCE LICENSEE CERTIFICATION**  
**LETTER REQUEST FORM**

Name of Licensee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

License Number(s): \_\_\_\_\_

Addressee: Name of State for Certification: \_\_\_\_\_

Current Address: Where letter should be sent:

_____	_____	_____	_____
Street or P.O. Box	City	State	Zip Code

Phone: \_\_\_\_\_